

FILED DEC 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 393773

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2851

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Maryland Heightsc. LENGTH OF
STAY (in this place)
15 yrsd. FULL NAME OF
HOSPITAL OR
INSTITUTION Dorsett & Mikel Avenues

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Maryland Heights 1070d. STREET
ADDRESS (If rural, give location)

Dorsett & Mikel Avenues 0

3. NAME OF
DECEASED
(Type or Print)

a. (First)

Rosallie

b. (Middle)

Hedrick

c. (Last)

Estill

4. DATE
OF
DEATH

(Month) (Day) (Year)

Nov. 24, 1950

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed 2

8. DATE OF BIRTH

Aug. 13, 1877

9. AGE (In years
last birthday)

73

IF UNDER 1 YEAR

3

IF UNDER 24 HRS.

Hours

IF UNDER 60 MIN.

Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR IN-
DUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Wentzville, Mo. 0

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13a. FATHER'S NAME

John Bonar

13b. MOTHER'S MAIDEN NAME

Delilah Grier

14. NAME OF HUSBAND OR WIFE

Clarence Dcd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY
NO.

None

17. INFORMANT'S SIGNATURE OR NAME

Leona Bonar Maryland Heights, Mo.

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per
line for (a), (b), and (c)*This does not mean
the mode of dying, such
as heart failure, asthma,
etc. It means the dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

MEDICAL CERTIFICATION

Chr. Myocarditis

Rheumatoid arthritis

Senility

Gen'l arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

Sudden

4221

19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME
OF
INJURY

(Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

WHILE AT NOT WHILE
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 24, 1950, to Nov 24, 1950, that I last saw the deceased
alive on Nov 24, 1950, and that death occurred at 6:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

11-27-1950

24c. NAME OF CEMETERY OR CREMATORY

Fee Fee Cemetery

24d. LOCATION (City, town, or county)

Pattonville, Mo.

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

11/27/50

Herbert R. Bomke 504 Woodson Rd - Overland-14-Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Improbable sequence in Part I

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 345

working under my personal supervision.

Student Embalmer No.

Signed

David C. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland 14, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.